

Okanogan Board of Health
Tuesday, February 14th, 2023, 1:30 PM

These notes were taken by a County Watch volunteer. Every attempt is made to be accurate. Notes are verbatim when possible, and otherwise summarized. Note taker comments or clarifications are in italics. These notes are published at <https://countywatch.org> and are not the official county record of the meeting. For officially approved minutes, which are normally published at a later time, see the Okanogan County Commissioners' website at <https://www.okanogancounty.org>.

Present:

Lauri Jones (LJ), Board of Health Director
Mariann Williams (MW), BOH board member
Jim Wallace (JW), Health Officer
Jim Wright (JW), BOH board member
Jill Gates, BOH, Secretary
Mike Harr (MH), Okanogan County Health District
Chris Branch (CB), County Commissioner, BOH board member
Jon Neil (JN), County Commissioner, BOH Board Chairman
Andy Hover (AH), County Commissioner, BOH board member
Quail Orr, HHS Community Health Representative, Colville Tribes
Gene Davis (GD), Deputy Coroner

Time stamps refer to a Zoom recording on the County Watch website.

Summary of Important Discussions:

- New ARPA funds allocated, \$500,000 over four years, budget healthy
- Nepotism concern: Environmental Health Supervisor replacement can't be overseeing family member, resolution debated; Organizational chart to be studied, single administrator should replace administrative team
- Requests for variances to go through Health Officer, appeals through Hearings Examiner
- Health Officer Wallace signals growing opioid crisis, affecting schools and rivaling those in larger counties, in spite of strong support programs: peer counselors, food and transportation aid...; behavioral health fragilized by decrease in psychiatric care providers; shortage of care providers and hospital beds persists
- BOH requests blood and urine testing machine to help Coroner determine cause of death; \$61,000 "investigative tool" can be shared with law enforcement to avoid long delays from outsourcing; wastewater testing for Covid continues in Brewster, could be widened to include drug detecting
- Septic system application process simplified
- Health Board retreat scheduled for March

Financial Report/ARPA Funds - AH clarifies an error in the American Rescue Plan Act allocations: *\$500,000 are to be obligated only, not spent, by 2024, and spent by 2026. The secretary will adjust the budget accordingly. The ending balance 2022 was \$1.2M, reflecting two chunk payments that had just come in. The money will settle outstanding billings, leaving their anticipated carry-over of \$700,000.* **LJ:** We're spot on for the budget.

11:40 - Nepotism Evoked, Resolution Debated - Resolution 01-2023 came out of LJ's

discussion last month with MH, Environmental Health, who is being considered for the post of supervisor. His predecessor was also, with LJ, co-administrator of the BOH. His promotion could raise the question of nepotism since his wife is also a BOH employee. **AH:** It's not an issue unless we have strict (rules). The attorney did a draft resolution to move MH into the role of supervisor to deal with complaints, evaluation and discipline. MW goes to the board and starts drawing an organizational chart. **MW:** The current organization has an "administrative team". **LJ:** We always had an administrator until Paul Waterstrap left. We had cuts in staff because of funding. We were broke, so we split those duties. It wasn't in the RCW but the State recognized (the administrative team) as "the officer". So the board changed their charter language and it's been that way since.

18:23 - **MW** showing on the board: An administrator, plus Health Officer, then other service lines, in the short term. **AH:** Lauri is the only one doing administrative work. **LJ:** That's how it's been. The draft resolution was drawn up this way because the administrative team (was doing it) jointly. **MW:** Long term strategy— ...see what would represent us in the long term. **AH:** Lauri is Community Health Director and administrator... There was another proposal. (The Health Officer) being the supervisor. It's a better idea. *LJ doesn't agree.* **CB:** There's something about the day-to-day operations of the organization... In the interim (LJ) could fill that role. I really value employees (raising) that issue, am impressed MW would bring it up like that. *He suggests the Health Officer has "a lot on his plate"; is maybe not interested in the "day-to day stuff".* **AH:** We have two different positions to fill. So you're saying have a pro-tem administrator? **CB:** There needs to be an officer in charge. Don't react to it, this nepotism thing. I know you can't have someone supervising a family member. We'd dig a deeper hole if a board member or the Chair of the board is supervisor of someone in one of the departments. That is asking for trouble.

29:27 - **AH:** I don't have any problem with that. Get together an ad hoc committee of staff and employees to decide what an organizational chart should be like? **JW:** Does the charter have to be changed? **AH:** (The attorney) will do it...

MW is eager to move forward to fill the Environmental Health Supervisor post, agrees with AH that MH has done "an excellent job". CB urges putting more thought into the nepotism resolution, deliberate actions on how the structure should go, choosing LJ as a temporary director, and eventually appointing someone who oversees the whole organization.

They discuss pay scale. AH: It's a supervisory role; when someone brings a complaint (it would go) to MN, then it should go to the administrator, then to the board. AH: LJ is already being the administrator right now. MH describes his role now as running the programs, the day-to-day. AH will relay their discussion to the attorney. JW says organizational chart and nepotism resolution have to be done at the same time. AH calms his worry about violating the charter. LJ says upcoming retreat will be the opportunity to discuss organization. MW circulates a thank you card for staff because "times have been tough".

50:25 - Resolution 2023-2, Water Adequacy Variance - **MH:** There's going to be a lot of (requests for variances). It has a caveat that any appeals go through the BOH. Through discussion, I feel the board (prefers) to go through a hearings examiner. I'm completely in favor of the resolution. It would trump all other regulations and basically any appeals to a variance process that was denied through Public Health. Instead of going to the Board we'll go to the Hearings Examiner.

51:15 - **AH:** I think it's an excellent resolution. ...**MH:** I'd mentioned last meeting a variance

request for water adequacy was all through the BOH. **CB:** Same thing happened at the Planning level. When they went to the Hearings Examiner they had to go back, do an overall statement. Anywhere the Board of Adjustment was the appeals body it turned into the Hearings Examiner body... If you had anyone doing that job on board you would have to train them or you're in trouble. **AH:** So no change for you; you'll make an administrative decision on a variance... **MC:** As the current policy is written, it's up to the Environmental Health Director to approve or deny or review a variance. We couldn't find any RCW or WAC that says that, so that's going to have to be changed to go through the Health Officer (and not through the Environmental Health Director).

55:24 - Health Officer's Update - JW: Key issues— opiate overdoses. We're having a lot of success with 911 Dispatch data (*but*) lot of ODs don't come through 911 because people are being saved by Naloxone before they need care, or they won't seek treatment out of fear of prosecution. In 2019 there were 64 ODs, in 2021, 85; in 2022, 125 and in January 2023, 14, the highest rate in six years. (*We could soon*) outrank a lot of larger counties. Schools are finding drugs on students. There are ODs on school property. We've got a lot of strong programs throughout the community that are supporting folks. More providers are giving out Naloxone, we have more sources of support for individuals seeking treatment, peer coaches are doing a tremendous job finding who needs help... For those not ready for recovery, peer counselors hang in there with them, stick closely with families. We're doing a lot to support housing, transportation, food security. (*This*) helps people with their addictions. We need to: expand local programs, expand education and training opportunities, collect better data, investigate deaths, lives saved and illnesses going along with the opioid epidemic...

1:02:32 - We're seeing perhaps a worsening crisis in access to behavioral health services. Covid took a huge toll. We saw an increase in suicide rates, in psychiatric distress... In Okanogan and Chelan counties there's a decrease in number of psychiatric care providers.

1:03:32 - Infectious Diseases - Seeing decrease in respiratory illnesses, Covid relatively low, (*affecting mostly*) the elderly and more infirm. There's a shortage of acute care, health care providers and hospital beds. Okanogan County has access to (*the transfer center*) almost more than any county accessing that system. We're not able to get patients into Central WA Hospital. Okanogan patients are left in emergency, in places not as used to treating people with high acuity. ...The cooperation between hospitals is better than I've ever seen. *MH asks about getting trained to use Naloxone. LJ says they've trained Sheriff's and PUD staff. MC would like to see firefighters receive training.*

1:07:44 - Community Health - *LJ presents the new Deputy Coroner, Gene Davis. An issue is pending toxicology (reports) and the inability to get cause of death if it's pending due to an OD.* **LJ:** We want to partner with the Coroner's Office to provide a Radox machine. **GD:** It's for testing blood, urine— will help determine the cause of death. *AH asks if certification required.* **GD:** It's an investigative tool, just a step to get ahead. I just retired from the Sheriff's Office. I've been seeing a lot of deaths, a lot of delays. *MW asks how long it takes: 20 minutes. JW asks the cost.* **LJ:** \$61,000, which includes all supplies. *Surprised reaction.* You haven't priced lab supplies lately. *JW asks how much to send to a lab: \$200-\$300.* **LJ:** This will quickly identify Fentanyl. **GD:** (*This drug*) only costs \$3 a dose. The machine would be available to all in cooperation with all law enforcement agencies. **LJ:** This is a great partnership. Another good partnership: Brewster is conducting wastewater sampling. Covid level is up. We're the first to do water surveillance. We can do wastewater opioid surveillance.

1:18:58 - **MH:** We were able to hire a new environmental health specialist. Good candidates.

With Planning we're trying to get a streamlined process in septic systems. We received complaints about confusion with applications when permits were applied to septic systems. We've been working hard on making it real simple.

(Purchase of the Radox machine) LJ: Since You've seen the proposal from the Coroner's Office and we need permission for purchases over \$5,000... AH: Can you outline for the board how it's going to be used? ...Is there only one company that sells the machine? (Yes) Then we can get a "sole source" justification. CB wants to check to see if the county's three-quote policy is the same as the board's, and possibly change it. AH proposes holding a special meeting for this purchase.

1:31:44 - Health Board Retreat - *MW says this will focus on the new BOH charter, health statistics and "deliverables. LJ wants staff to come and provide input, say who they are and what they do. She will try to get the president of the WA State Health Association to act as facilitator. They set a date: March 15th at 9:00, probably all day.*

1:38:22 - *Meeting adjourned.*